

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization LEON H. SULLIVAN FOUNDATION		D Employer identification number 05-0522747
<input checked="" type="checkbox"/> Address change	Doing Business As		E Telephone number 202-736-2239
<input type="checkbox"/> Name change	Number and street (or P O. box if mail is not delivered to street address) 1700 K STREET, N.W.	Room/suite 430	G Gross receipts \$ 2,058,671.
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	F Name and address of principal officer HOPE MASTERS SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Amended return	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW.THE SULLIVAN FOUNDATION.ORG
<input type="checkbox"/> Application pending	K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 2002 M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities	SEE PART III, LINE 1	
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
6 Total number of volunteers (estimate if necessary)	6	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	807,839.	1,949,114.
10 Investment income (Part VIII, column (A), lines 3-4, and 7d)	30,860.	93,567.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,763.	1,018.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,858.	14,972.
	904,320.	2,058,671.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,041.	22,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation=employee benefits (Part IX, column (A), lines 5-10)	1,438,584.	1,243,044.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ► 115,772.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,277,745.	1,548,507.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,830,370.	2,813,551.
19 Revenue less expenses Subtract line 18 from line 12	-1,926,050.	-754,880.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	866,004.	287,001.
22 Net assets or fund balances Subtract line 21 from line 20	77,138.	253,015.
	788,866.	33,986.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DAVID F. GRAING CPA	Date			
	► HOPE MASTERS, PRESIDENT & CEO				
	Type or print name and title				
Paid Preparer	Print/Type preparer's name DAVID F. GRAING CPA	Preparer's signature David F. Graing CPA	Date 11-15-11	Check if self-employed <input type="checkbox"/>	PTIN
Use Only	Firm's name ► GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ►			
	Firm's address ► 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MD 20814-2930				Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

- 1 Briefly describe the organization's mission

THE LEON H. SULLIVAN FOUNDATION'S MISSION IS TO CARRY ON THE SPIRIT AND LEGACY OF REVEREND LEON H. SULLIVAN, THE GREAT AFRICAN AMERICAN INTERNATIONAL HUMANITARIAN, BY LEVERAGING THE COMMITMENTS AND RESOURCES OF THE AFRICAN DIASPORA AND FRIENDS OF AFRICA FOR POSITIVE

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

 Yes No

If "Yes," describe these changes on Schedule O

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

- 4a (Code _____) (Expenses \$
- 499,932.
- including grants of \$ _____) (Revenue \$
- 93,567.
-)

AFRICAN POLICY FORUM DESCRIPTION:

PRESENTED OUR LARGEST EVER DOMESTICALLY-BASED FORUM WITH WORKSHOPS ON AFRICA POLICY AND DIASPORA ISSUES FEATURING SPEAKERS SUCH AS AFRICOM HEAD GENERAL WILLIAM WARD, SIERRA LEONE MINISTER OF TRADE AND INDUSTRY DAVID CAREW, U.S. DEPUTY ASSISTANT SECRETARY OF STATE FOR AFRICAN AFFAIRS SUSAN PAGE AND OTHER EXPERTS. SEVERAL RESEARCH PROJECTS BASED ON FORUM WORKSHOPS ARE ENVISIONED. FORMER NIGERIAN PRESIDENT OLUSEGUN OBASANJO GAVE A PRESENTATION OF HIS FIRST-HAND EXPERIENCE WITH SEVERAL IMPORTANT EVENTS IN AFRICAN HISTORY. A DNA REVEAL DINNER, FEATURING THE MENDES BROTHERS, REVEALED THE AFRICAN ETHNIC HERITAGE OF NOTABLES SUCH AS MARTIN LUTHER KING III, SON OF MARTIN LUTHER KING, JR., AND DR. JULIUS GARVEY, SON OF MARCUS GARVEY. THE GALA DINNER HONORED THE

- 4b (Code _____) (Expenses \$
- 425,333.
- including grants of \$ _____) (Revenue \$ _____)

SULLIVAN SUMMIT PROGRAM ACTIVITIES DESCRIPTION:

IN CONJUNCTION WITH THE EMBASSY OF MOROCCO, PRESENTED A ROUNDTABLE FORUM AMONG NORTH AFRICAN AND WEST AFRICAN AMBASSADORS CONCERNING HISTORIC, CURRENT AND FUTURE DEVELOPMENT LINKAGES BETWEEN THE TWO REGIONS. ONGOING PROJECTSTHE FOUNDATION IS PREPARING FOR THE NINTH LEON H. SULLIVAN SUMMIT IN MOROCCO - THE FIRST TIME A SULLIVAN SUMMIT WILL BE HELD IN NORTH AFRICA. THE SUMMIT WILL FOCUS ON TRADE AND INVESTMENT, THE ENVIRONMENT, EDUCATION AND A SPECIAL INSTITUTE ON ADVANCES IN SCIENCE, TECHNOLOGY AND INNOVATION. FOUNDATION SCIENCE, TECHNOLOGY AND INNOVATION INITIATIVES INCLUDE A PLANNED PORTAL TO ENCOURAGE THE COOPERATION CONDUCTED OUR SPRING BOARD OF DIRECTORS MEETING IN MOROCCO AT THE INVITATION OF THE KING OF MOROCCO AS AN ENTREE TO A POSSIBLE

- 4c (Code _____) (Expenses \$
- 279,344.
- including grants of \$
- 22,000.
-) (Revenue \$ _____)

GOVERNMENT RELATIONS AND AFRICAN DIASPORA ADVOCACY PROGRAMS**DESCRIPTIONS:**

PRESENTED TESTIMONY BEFORE THE U.S. SENATE FINANCE COMMITTEE ON U.S. AFRICA TRADE ISSUES, PARTICULARLY THE FUTURE OF AGOA. PRESENTED TESTIMONY TO THE U.S. HOUSE SUBCOMMITTEE ON AFRICA AND GLOBAL HEALTH ON U.S. POLICY REGARDING AFRICAN ELECTIONS.

PRESENTED A DINNER FOR SOUTH AFRICA PRESIDENT JACOB ZUMA, FEATURING NUMEROUS DIGNITARIES LED BY NIGERIAN PRESIDENT GOODLUCK JONATHAN. THE FOUNDATION HAS PROPOSED A PROGRAM TO HELP THE FEDERAL REPUBLIC OF NIGERIA CELEBRATE ITS 50TH ANNIVERSARY OF INDEPENDENCE OVER THE NEXT YEAR THROUGH A SERIES OF TOWN HALL MEETINGS TO HIGHLIGHT NIGERIA'S PROGRESS IN GOVERNANCE, HUMAN DEVELOPMENT OF NEXT GENERATION

- 4d Other program services (Describe in Schedule O)

(Expenses \$ 356,620. including grants of \$ 22,000.) (Revenue \$ _____)

- 4e Total program service expenses ►
- 1,561,229.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	X	
2	X	
3		X
4		X
5	N/A	
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 <input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 <input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input type="checkbox"/>	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c <input type="checkbox"/>	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d <input type="checkbox"/>	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a <input checked="" type="checkbox"/>	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b <input checked="" type="checkbox"/>	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 <input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 <input checked="" type="checkbox"/>	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a <input checked="" type="checkbox"/>	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b <input checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c <input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 <input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 <input checked="" type="checkbox"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 <input checked="" type="checkbox"/>	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 <input checked="" type="checkbox"/>	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33 <input checked="" type="checkbox"/>	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 <input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 <input checked="" type="checkbox"/>	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 <input checked="" type="checkbox"/>	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 <input checked="" type="checkbox"/>	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a	0
1b	0
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	
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- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a	14
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- b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
- b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O
- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?
- b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
- 7 **Organizations that may receive deductible contributions under section 170(c).**
- a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
- b If "Yes," did the organization notify the donor of the value of the goods or services provided?
- c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
- d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
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- e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
- h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
- 8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **N/A**
- 9 **Sponsoring organizations maintaining donor advised funds.**
- a Did the organization make any taxable distributions under section 4966?
- b Did the organization make a distribution to a donor, donor advisor, or related person? **N/A**
- 10 **Section 501(c)(7) organizations.** Enter
- a Initiation fees and capital contributions included on Part VIII, line 12 **N/A**

10a	
10b	
- b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
- 11 **Section 501(c)(12) organizations.** Enter
- a Gross income from members or shareholders **N/A**

11a	
11b	
- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **N/A**
- 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **N/A**

12a	
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- b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **N/A**

12b	
-----	--
- 13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**
- a Is the organization licensed to issue qualified health plans in more than one state? **N/A**
- Note.** See the instructions for additional information the organization must report on Schedule O
- b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b	
13c	
- c Enter the amount of reserves on hand
- 14a Did the organization receive any payments for indoor tanning services during the tax year?
- b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a	X
14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	16b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	
	HOPE MASTERS - 202-736-2239	
	1700 K STREET, N.W., NO. 430, WASHINGTON, DC 20006	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
AMBASSADOR ANDREW YOUNG									
CHAIRMAN	2.00	X		X			0.	0.	0.
HON. WILLIAM J. CLINTON									
HONORARY CHAIRMAN	2.00	X		X			0.	0.	0.
ANDREW BRIMMER									
TREASURER	2.00	X		X			0.	0.	0.
BERNARD ANDERSON									
SECRETARY	2.00	X		X			0.	0.	0.
RODERICK GILLUM									
BOARD MEMBER	2.00	X					0.	0.	0.
RODNEY E. SLATER									
BOARD MEMBER	2.00	X					0.	0.	0.
ALEXIS HERMAN									
BOARD MEMBER	2.00	X					0.	0.	0.
BRUCE STEWART									
BOARD MEMBER	2.00	X					0.	0.	0.
ERNEST GREEN									
BOARD MEMBER	2.00	X					0.	0.	0.
JOE LAYMON									
BOARD MEMBER	2.00	X					0.	0.	0.
JOHN AGYEKUM KUFOR									
BOARD MEMBER	2.00	X					0.	0.	0.
ART TAYLOR									
BOARD MEMBER	2.00	X					0.	0.	0.
MARK LAMONT HILL									
BOARD MEMBER	2.00	X					0.	0.	0.
HOPE MASTERS									
PRESIDENT AND CEO	40.00			X			145,833.	0.	20,060.
AUSTIN COOPER									
PUB. RELATIONS/GOV'T RELATIONS DIR.	40.00				X		102,965.	0.	4,635.
RALPH PERKINS									
SEN VP PROGRAMS	40.00					X	110,000.	0.	31,952.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

358,798. 0. 56,647.

0 . 0 .

358,798. **0.** **56,647.**

ble

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

2

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1949114.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		1949114.			
Program Service Revenue					
2 a CONFERENCE	Business Code 900099	93,567.	93,567.		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		93,567.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		1,018.			1,018.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099	14,972.			14,972.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		14,972.			
12 Total revenue See instructions.		2058671.	93,567.	0.	15,990.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	22,000.	22,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	165,893.	165,893.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	833,886.	253,696.	523,464.	56,726.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,736.	5,645.	15,420.	1,671.
9 Other employee benefits	122,488.	41,698.	72,891.	7,899.
10 Payroll taxes	98,041.	39,981.	52,383.	5,677.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,435.	1,114.	1,294.	27.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	249,353.	114,079.	132,517.	2,757.
12 Advertising and promotion				
13 Office expenses	88,844.	36,231.	47,469.	5,144.
14 Information technology	9,817.	4,491.	5,217.	109.
15 Royalties				
16 Occupancy	188,752.	76,973.	100,850.	10,929.
17 Travel	245,362.	243,775.	1,587.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	514,006.	440,584.	72,245.	1,177.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,125.		5,125.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a OTHER EXPENSES	228,043.	108,230.	97,127.	22,686.
b REPAIRS AND MAINTENANCE	16,770.	6,839.	8,961.	970.
c BAD DEBTS	0.			
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	2,813,551.	1,561,229.	1,136,550.	115,772.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,354.	1	210,158.
	2 Savings and temporary cash investments	480,242.	2	1,643.
	3 Pledges and grants receivable, net	294,379.	3	
	4 Accounts receivable, net		4	7,411.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	8,600.	5	
	7 Notes and loans receivable, net			6
	8 Inventories for sale or use			7
	9 Prepaid expenses and deferred charges			8
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	272,301.		
	b Less accumulated depreciation	10b 212,919.	61,007.	10c 59,382.
	11 Investments - publicly traded securities			11
	12 Investments - other securities See Part IV, line 11			12
	13 Investments - program-related See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets See Part IV, line 11	10,130.	15	8,407.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	866,004.	16	287,001.
Liabilities	17 Accounts payable and accrued expenses	73,287.	17	184,142.
	18 Grants payable			18
	19 Deferred revenue	3,851.	19	
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22 65,000.
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities Complete Part X of Schedule D	0.	25	3,873.
	26 Total liabilities. Add lines 17 through 25	77,138.	26	253,015.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-339,684.	27	-1,094,564.
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets	1,128,550.	29	1,128,550.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
	33 Total net assets or fund balances	788,866.	33	33,986.
	34 Total liabilities and net assets/fund balances	866,004.	34	287,001.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,058,671.
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,813,551.
3 Revenue less expenses Subtract line 2 from line 1	3	-754,880.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	788,866.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,986.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number
05-0522747

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> Type III - Other
-----------------------------------	------------------------------------	---	---
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	Yes	No	Yes	No	Yes	No
(ii) A family member of a person described in (i) above?						
(iii) A 35% controlled entity of a person described in (i) or (ii) above?						
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,219,809.	1,641,380.	1,829,730.	807,839.	1,949,114.	10,447,872.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,219,809.	1,641,380.	1,829,730.	807,839.	1,949,114.	10,447,872.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,382,842.
6 Public support. Subtract line 5 from line 4						5,065,030.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,219,809.	1,641,380.	1,829,730.	807,839.	1,949,114.	10,447,872.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,973.	115,061.	94,503.	17,763.	1,018.	294,318.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	518.	10.	4,125.	47,858.	14,972.	67,483.
11 Total support. Add lines 7 through 10						10,809,673.
12 Gross receipts from related activities, etc (see instructions)					12	1,309,699.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	46.86	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	51.83	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

LEON H. SULLIVAN FOUNDATIONEmployer identification number
05-0522747**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	► \$ _____
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items
(check all that apply)

- a Public exhibition
b Scholarly research
c Preservation for future generations

- d Loan or exchange programs
e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,128,550.	1,128,550.	3,328,550.		
b Contributions					
c Net investment earnings, gains, and losses	0.	15,074.	92,465.		
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	15,074.	2,292,465.		
f Administrative expenses					
g End of year balance	1,128,550.	1,128,550.	1,128,550.		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.00 %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by

Yes	No
3a(i)	X
3a(ii)	X
3b	

(i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		140,291.	131,721.	8,570.	
e Other		132,010.	81,198.	50,812.	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				►	59,382.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RENT	3,873.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	3,873.

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,058,671.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	2,813,551.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-754,880.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-754,880.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	2,058,671.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	2,058,671.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,058,671.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	2,813,551.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	2,813,551.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,813,551.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: FUNDS HELD IN THE ENDOWMENT REPRESENT FUNDS RESTRICTED

BY THE DONOR TO BE MAINTAINED IN PERPETUITY BY THE FOUNDATION AND TO BE USED FOR THE FOUNDATION'S GENERAL OPERATIONS.

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2010, THE FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10

Part XIV Supplemental Information (continued)

AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM
990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS
AFTER IT IS FILED.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury
Internal Revenue Service

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
► Attach to Form 990

Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

10.

Comments about the information contained in Part I(c) and any other additional information

SCHEDULE I, PART I, LINE 2: THE STEWARDSHIP OF THE LEON H. SULLIVAN FOUNDATION'S GRANT TO MEDSHARE FOR THE PURPOSES OF SHIPPING MEDICAL SUPPLIES VIA SEA CONTAINER INCLUDES PHOTOGRAPHS TAKEN PRIOR TO THE SHIPMENT'S RELEASE AND AT THE SHIPMENT'S DESTINATION LOCATION IN SIELEONE. IN ADDITION, FORMAL DOCUMENTATION AND CONFIRMATION EMAIL CONCERNING THE DELIVERY OF THE MEDICAL SUPPLIES SHIPPED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number

05-0522747

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

	Yes	No
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?

- b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization?

- b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

	Yes	No
--	-----	----

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

032111
12-21-10

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HOPE MASTERS	(i) 145,833. 0.	0.	0.	0.	6,125. 0.	13,935. 0.	165,893. 0.
2	(i) (ii)	(i) (ii)	(i) (ii)				
3	(i) (ii)	(i) (ii)	(i) (ii)				
4	(i) (ii)	(i) (ii)	(i) (ii)				
5	(i) (ii)	(i) (ii)	(i) (ii)				
6	(i) (ii)	(i) (ii)	(i) (ii)				
7	(i) (ii)	(i) (ii)	(i) (ii)				
8	(i) (ii)	(i) (ii)	(i) (ii)				
9	(i) (ii)	(i) (ii)	(i) (ii)				
10	(i) (ii)	(i) (ii)	(i) (ii)				
11	(i) (ii)	(i) (ii)	(i) (ii)				
12	(i) (ii)	(i) (ii)	(i) (ii)				
13	(i) (ii)	(i) (ii)	(i) (ii)				
14	(i) (ii)	(i) (ii)	(i) (ii)				
15	(i) (ii)	(i) (ii)	(i) (ii)				
16	(i) (ii)	(i) (ii)	(i) (ii)				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

Employer identification number
05-0522747

LEON H. SULLIVAN FOUNDATION

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CARLTON MASTER -	X		185,000.	15,000.	X		X		X	
GWI - CASH FOR OP	X		75,000.	50,000.	X		X		X	
Total				► \$ 65,000.						

Total \$65,000.

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

LEON H. SULLIVAN FOUNDATION

05-0522747

Schedule L (Form 990 or 990-EZ) 2010

Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS.

(A) NAME OF PERSON: CARLTON MASTER

(A) PURPOSE OF LOAN: CASH FOR OPERATIONS

(A) NAME OF PERSON: GWI

(A) PURPOSE OF LOAN: CASH FOR OPERATIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number
05-0522747

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHANGE IN THE WORLD.

WE DO SO BY ADVOCATING FOR DOMESTIC AND INTERNATIONAL ISSUES THAT REV.

SULLIVAN DEDICATED HIS LIFE TO, BY SUPPORTING THE WORK OF THE

ORGANIZATIONS HE FOUNDED, AND BY PROVIDING A PLATFORM FOR AFRICA'S

POLITICAL, ECONOMIC AND CULTURAL LEADERS IN THE UNITED STATES. OUR WORK

IS GUIDED BY THE PRINCIPLES THAT REV. SULLIVAN CHAMPIONED: SELF-HELP,

SOCIAL RESPONSIBILITY, ECONOMIC EMPOWERMENT AND HUMAN RIGHTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDEPENDENCE OF AFRICAN COUNTRIES, ESPECIALLY THE 17 WHO CELEBRATE

THEIR 50TH ANNIVERSARY OF INDEPENDENCE THIS YEAR. A WOMEN'S LUNCHEON

BROUGHT TOGETHER PROMINENT WOMEN ACROSS SEVERAL DISCIPLINES WHO

DISCUSSED HOW THEY OVERCAME CHALLENGES TO ACHIEVE ENDURING SUCCESS IN

THEIR FIELDS. LEON H. SULLIVAN SUMMITS REPRESENT THE LARGEST AFRICAN

DIASPORA GATHERINGS IN THE WORLD.

NEVERTHELESS, MANY MEMBERS OF THE DIASPORA WHO LIVE IN THE WESTERN

HEMISPHERE HAVE NOT YET PARTICIPATED IN A SUMMIT IN AFRICA. AT THIS

CRITICAL JUNCTURE IN WORLD HISTORY, THE LEON H. SULLIVAN FOUNDATION

BELIEVES THAT AFRICANS AND THOSE IN THE DIASPORA SHOULD HAVE AN

OPPORTUNITY TO MEET AND INTERACT ON THE OTHER SIDE OF THE BRIDGE BUILT

BY REVEREND SULLIVAN - HERE IN THE UNITED STATES. CONSEQUENTLY, FROM

SEPTEMBER 24-28, 2010, THE LEON H. SULLIVAN FOUNDATION PRESENTS THE

AFRICA POLICY FORUM: A VISION FOR THE 21ST CENTURY IN ATLANTA, GEORGIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number

05-0522747

LEON H. SULLIVAN SUMMIT IN MOROCCO IN 2011 OR 2012. ONE RESULT OF THE VISIT WAS THE AGREEMENT BY MOROCCAN KING MOHAMMED VI TO JOIN THE FOUNDATION'S BOARD OF DIRECTORS AS AN HONORARY BOARD MEMBER FOR 2011.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LEADERSHIP, POSITIVE GLOBAL LEADERSHIP AND COOPERATIVE U.S. RELATIONS.
ORGANIZED THE AGOA CIVIL SOCIETY FORUM IN WASHINGTON, D.C., PROVIDING RECOMMENDATION TO AFRICAN AND AMERICAN GOVERNMENTS AND BUSINESSES ON HOW AGOA CAN BE MADE MORE EFFECTIVE. THE AGOA PROGRAM ALSO INCLUDED A PRESENTATION ON THE CHALLENGES OF AGOA FOR A GROUP OF AFRICAN WOMEN ENTREPRENEURS.

ESTABLISHED THE DUAL CITIZENSHIP TASK FORCE BUILT ON THE INTEREST CAUSED BY THE EXTENSION OF CITIZENSHIP TO REVEREND SULLIVAN TO PRESENT FORUMS AT THE RONALD H. BROWN AFRICAN AFFAIRS SERIES IN WASHINGTON AND THE LEON H. SULLIVAN AFRICA POLICY FORUM IN ATLANTA, GEORGIA. THESE FORUMS GAVE THE BROADER INTERESTED DIASPORA AUDIENCE VALUABLE INFORMATION ON THE MODALITIES FOR ACHIEVING DUAL CITIZENSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC RELATIONS

EXPENSES \$ 119,666. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEETINGS AND EVENTS: ORGANIZES AWARDS DINNER TO ANNOUNCE THE SUMMIT AND HIGHLIGHT THE VENUES. IT IS ALSO USED THE AWARDS CELEBRATION TO CELEBRATE THOSE IN THE COMMUNITY WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE DEVELOPMENT OF AFRICA.

EXPENSES \$ 115,278. INCLUDING GRANTS OF \$ 22,000. REVENUE \$ 0.

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number

05-0522747

ENTITIESEXPENSES \$ 96,105. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.AFRICA-CHINA U.S. TRILATERAL DIALOGUES PROGRAM DESCRIPTION:ORGANIZED THE FOURTH IN THE SERIES OF THE AFRICA-CHINA-U.S. TRILATERALDIALOGUES IN MONROVIA, LIBERIA, TO ADVANCE DISCUSSION ON CORPORATESOCIAL RESPONSIBILITY AMONG FOREIGN INVESTORS IN AFRICA. PRESENTED THEFORUM ENTITLED "NIGERIA TODAY: PERCEPTIONS, CHALLENGES ANDOPPORTUNITIES" TO BRING TOGETHER EXPERTS SUCH AS FORMER NIGERIANPRESIDENT OLUSEGUN OBASANJO; FOUNDATION BOARD CHAIRMAN ANDREW YOUNG;DEPUTY ASSISTANT SECRETARY OF STATE WILLIAM FITZGERALD; ALI MOSHIRI,VICE PRESIDENT FOR AFRICA, CHEVRON CORPORATION, AND OTHERS FAMILIARWITH NIGERIA'S PAST PRESENT AND POTENTIAL FUTURE. GAVE PRESENTATIONS ONPOTENTIAL WATER CONFLICTS IN AFRICA AT SHILOH BAPTIST CHURCH INALEXANDRIA, VIRGINIA.EXPENSES \$ 9,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.YOUTH PROGRAMS DESCRIPTION:FACILITATED A CROSS-CULTURAL LINKAGE BETWEEN PHELPS HIGH SCHOOL INWASHINGTON, D.C. AND MAITLAND SCHOOL IN CAPE TOWN, SOUTH AFRICA. THELINKAGE ENABLED THE YOUNG PEOPLE ON BOTH SIDES OF THE ATLANTIC TODISPELL MISCONCEPTIONS ABOUT ONE ANOTHER AND FORM ENDURINGRELATIONSHIPS. AS A PROGRAM ELEMENT OF THE 2010 AFRICA POLICY FORUM INATLANTA, GA, AN EXTENSIVE YOUTH OUTREACH EXPO WAS CONDUCTED WITH MORETHAN 20 YOUTH-FOCUSED SUPPORT AND ADVOCACY GROUPS IN ATTENDANCE. INADDITION, EXTENSIVE OUTREACH EFFORTS WERE CONDUCTED BY THE FOUNDATION'SYOUTH PROGRAM COORDINATOR TO ENSURE ACTIVE PARTICIPATION IN THE AFRICANPOLICY FORUM BY ALTANTA-BASEDCOLLEGE AND UNIVERSITY STUDENTS AN032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number

05-0522747

FACULTY.

PARTICIPATED IN THE OBAMA ADMINISTRATION'S YOUNG AFRICAN LEADERS PROGRAM, NETWORKING WITH NEARLY TWO DOZEN OF THE AFRICAN PARTICIPANTS TO ESTABLISH ONGOING PROGRAM OPTIONS FOR THE FOUNDATIO'S YOUTH PROGRAMMING.

EXPENSES \$ 8,269. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GLOBAL SULLIVAN PRINCIPLES EVENT AND PROGRAM DESCRIPTIONS:

IN PARTNERSHIP WITH THE ROBERT F. KENNEDY CENTER FOR JUSTICE AND HUMAN RIGHTS, PRESENTED A SCREENING OF THE FILM "RFK IN THE LAND OF APARTHEID," WHICH CATALOGUED THEN-SENATOR KENNEDY'S VISIT TO SOUTH AFRICA, WHERE HE TOOK A STRONG STAND AGAINST APARTHEID AND MET WITH SOUTH AFRICAN NOBEL PEACE PRIZE WINNER CHIEF ALBERT LITHULI, WHO WAS BANNED BY THE SOUTH AFRICAN GOVERNMENT. THE DISCUSSION REVEALED THAT THE SULLIVAN PRINCIPLES GREW OUT OF THE GROWING AMERICAN REALIZATION OF THE HORRORS OF THE APARTHEID SYSTEM.

THE FOUNDATION IS WORKING TO FUND AND IMPLEMENT AN INNOVATIVE WATER PROGRAM BEGINNING WITH A MODEL INITIATIVE IN ONDO STATE, NIGERIA. THE SUSTAINING PURIFICATION AND LOCAL ADMINISTRATION OF SANITATION AND HYGIENE (SPLASH) PROGRAM COMBINES ADVOCACY ON CORPORATE SOCIAL RESPONSIBILITY AND EFFECTIVE GOVERNMENT ADMINISTRATION OF WATER RESOURCES, PUBLIC TRAINING ON THE DANGERS OF USING CONTAMINATED DRINKING WATER, MEDICINE FOR THOSE ALREADY INFECTED BY WATER-BORNE DISEASES AND PROVISION OF CLEAN DRINKING WATER THROUGH THE USE OF A COST-EFFECTIVE AND PORTABLE WATER PURIFICATION SYSTEM.

THE FOUNDATION IS SOLICITING FUNDING FOR A PROGRAM TO REVITALIZE THE SELF-HELP INVESTMENT PROGRAM (SHIP) AFFILIATE SYSTEM IN CONJUNCTION WITH THE AFRICAN STOCK EXCHANGE ASSOCIATION TO ENCOURAGE AFRICAN

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

LEON H. SULLIVAN FOUNDATION

Employer identification number

05-0522747

DIASPORA INVESTMENT ON AFRICAN EXCHANGES TO PROVIDE FUNDING FOR EXPANSION AND CREATE NEW JOBS IN AFRICA, WHILE PROVIDING A MORE PROFITABLE INVESTMENT OPTION FOR DIASPORA AND OTHER AMERICAN INVESTORS.

EXPENSES \$ 8,302. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE 990 WAS REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY MONITORS THE CONFLICT OF INTEREST POLICY. IF A CONFLICT OF INTEREST WERE TO ARISE THE INTERESTED PERSON WOULD BE RECUSED FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT & CEO'S SALARY WAS DETERMINED BY THE BOARD OF DIRECTORS, BASED ON A SURVEY MADE WITH SIMILAR EXEMPT ORGANIZATIONS IN DC AREA. THE COMPENSATION PROCESS WAS DOCUMENTED IN THE BOARD MINUTES. THERE HAS BEEN NO INCREASE FOR THE PRESIDENTS SALARY SINCE 2002.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.